Correction Required; Returned to Examiner
Correction Required; Returned to Examiner  Count on  Serial Number: 09834593 Date: 8-9-05
ISSUE REVISION CHECKLIST  COUNTY THOMAS  8-9-05
JACKET/ISSUE CLASSIFICATION SHEET
Primary Examiner box complete
Desuing Classification complete Claums in complete  PTO-892/144) encomplete This of Page 2 10/18/01, 10/18/01 Page 2  end 9/22/04  Examiner's initials or cross-through lines supplied for each item cited by applicant
Date(s) supplied/complete on all PTO-1449/892 sheets (month and year required)
Brief description of drawings includes description of each figure in drawings
Continuing data mentioned in $I^{st}$ paragraph (can be an insert)
<u>CLAIMS</u>
$\underline{\hspace{1cm}}$ Claims listed on Notice of Allowability match claims and/or index of claims
Claims correctly numbered in index (no duplicate or missing claim numbers, and no incorrect dependencies)
One sheet of complete claims
RAM FEES
NA Exam's Amdi (if applicable) Amount Charged N/V Should have been charge N/A
<u>NOTICÉ OF ALLOWABILITY</u>
Box #3(drwgs accepted) or Box #6 (corrected drwgs requested) has been checked
<u>INITIALED BIB SHEET</u>
Unitialed Bib sheet present (page 2 missing)
<u>OTHER</u>
TSSC code processed in palm.

Chorbin/2625